

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41809

FILED JAN 4 1951

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 5988		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Putnam			
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Elm Tmp.		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Elm Tmp.		0860	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
James		Henry		Lane		Hickman	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
Dec. 3, 1950							
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH Mar. 29, 1864	
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Adair Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John J. Hickman		13b. MOTHER'S MAIDEN NAME Elizabeth Scobee		14. NAME OF HUSBAND OR WIFE Frances Hickman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mary Trammel, Worthington, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 9:45 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:45 AM, from the causes and on the date stated above.							
23a. SIGNATURE Chas. Frouder Cor 3		(Degree or title)		23b. ADDRESS Unionville, Mo.		23c. DATE SIGNED 12-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE Dec. 6, 50		24c. NAME OF CEMETERY OR CREMATORY Mariontown		24d. LOCATION (City, town, or county) (State) Putnam Co. Mo.	
DATE REC'D BY LOCAL REG. 12-22-50		REGISTRAR'S SIGNATURE Marvell Durbin		EMERALD DIRECTOR'S SIGNATURE F. D. Husted		ADDRESS Unionville, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

860

Date Received: DEC 27 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-22
Date Filed: JAN 3 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....

Licensed Embalmer No. 505

P. O. Address Unimulda, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

20 Dec 1950